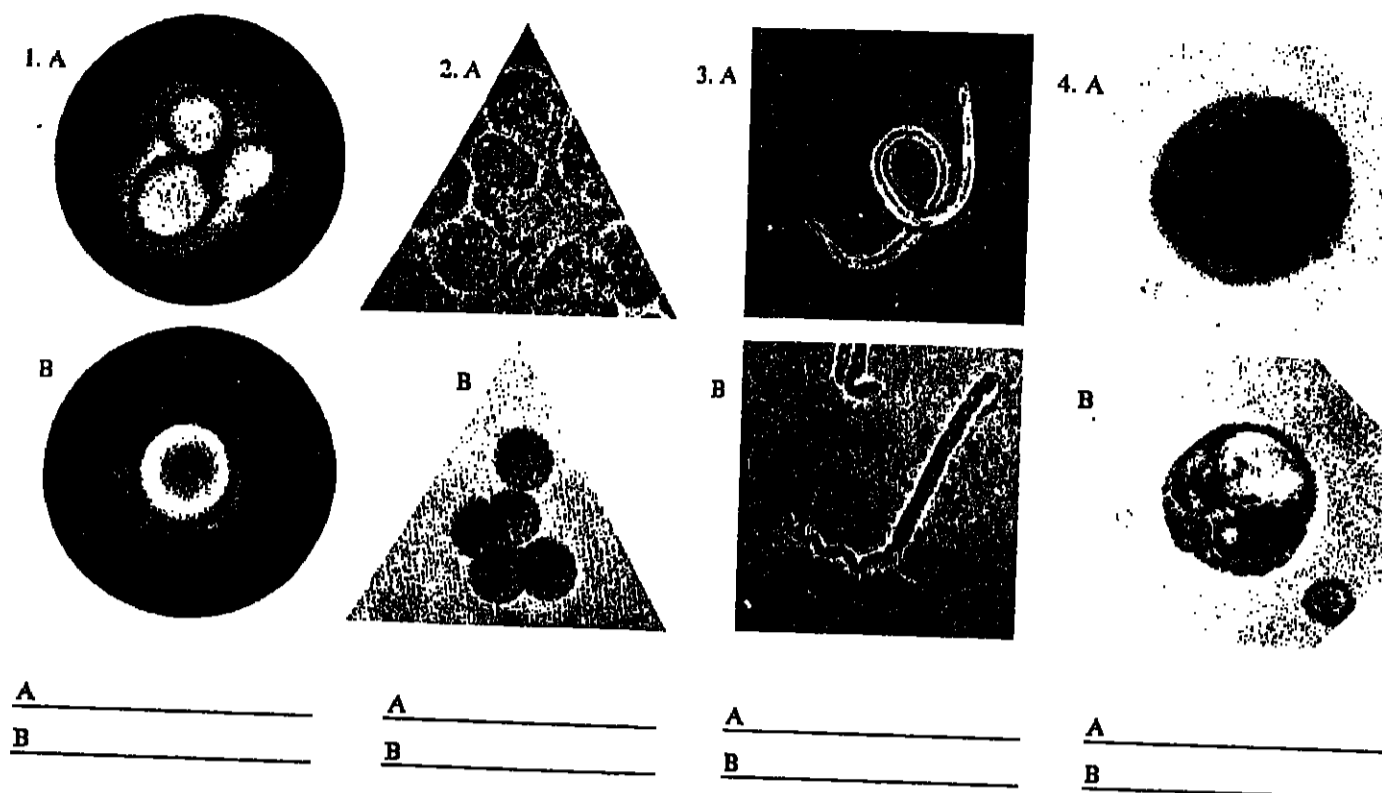


Puzzling Pairs

Can you identify these look-alike findings in urinary sediment? Spaces are provided below for your answers. One of a series of quizzes based on Roche's handbook, "Urine Under the Microscope."



For correct answers and identifying clues, see bottom of page.

No Puzzle Here



E. coli showing typical gram-negative rods. The coliforms—particularly *Escherichia coli*—are the primary pathogens in approximately 90 per cent of initial urinary tract infections.*

*Beeson, P. B.: "Enteric Bacterial Infections," in Beeson, P. B., and McDermott, W. (eds.): *Cecil-Loeb Textbook of Medicine*, ed. 12, Philadelphia, W. B. Saunders Co., 1967, vol. 1, p. 230.

For prompt antibacterial levels in blood and urine: Effective antibacterial levels of Gantanol in both blood and urine are established in from 2 to 3 hours after initial 2-Gm adult dose.

When susceptible urinary bacterial invaders are identified in nonobstructed cystitis and pyelonephritis, Gantanol (sulfamethoxazole) is a logical choice. It controls susceptible *E. coli*, the most common pathogen in acute urinary tract infections, and is also highly effective against other susceptible bacteria most often implicated: *Klebsiella-Aerobacter*, *Staph. aureus* and *Proteus mirabilis*.

For around-the-clock coverage: Each subsequent 1-Gm dose offers up to 12 hours of antibacterial activity. This is especially important during the night, when urinary retention favors bacterial proliferation. A *t.i.d.* dosage schedule is recommended for more severe infections.

For efficacy in nonobstructed acute, chronic and recurrent cystitis and pyelonephritis, when due to susceptible organisms: Gantanol Tablets or pleasant-tasting Suspension can provide your patients with the dependable antibacterial action they need. However, the usual precautions in sulfonamide therapy should be observed, including maintenance of adequate fluid intake, frequent c.b.c.'s and urinalyses with microscopic examination. Common side effects include nausea, vomiting and diarrhea. (It should also be noted that the increasing frequency of resistant organisms is a limitation of usefulness of antibacterial agents including sulfonamides, especially in chronic or recurrent u.t.i.)

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Acute, recurrent or chronic nonobstructed urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms. *Note:* Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation. **Adverse Reactions:** Blood dyscrasias (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); allergic reactions (erythema multiforme, skin

eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reaction, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastro-intestinal reactions* (nausea, emesis, abdominal pain, hepatitis, diarrhea, anorexia, pancytopenia and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarthritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuretics and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis). **Usual adult dosage:** 2 Gm (4 tabs or teasp.) initially, then 1 Gm b.i.d. or t.i.d. depending on severity of infection. **Usual child's dosage:** 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs b.i.d. Maximum dose should not exceed 75 mg/kg/24 hrs. **Supplied:** Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

Correct answers to "Puzzling Pairs" quiz.

- (A) *Candida albicans*. Note budding and variation in size of daughter spores.
(B) RBC. Note central portion representing characteristic concavity of RBC.
- (A) Polymorphonuclear leucocytes. Note partially obscured lobulated nucleus and irregular granules.
(B) Ragweed. Note geometric knobby protrusions of the ragweed particle.
- (A) *Necator americanus* (larval form). Note distinctive head and details of internal organs.
(B) Convoluted cast. Note diffuse fine granular appearance throughout and corkscrew shape of terminal portion.
- (A) *Entamoeba histolytica*. Note chromatoidal bodies.
(B) Histocyte. Note phagocytic vacuoles.

In nonobstructed cystitis due to susceptible organisms
Gantanol® (sulfamethoxazole) B.I.D.
Basic Therapy

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

Medical Tribune

and Medical News

Vol. 14, No. 27 A B

world news of medicine and its practice—fast, accurate, complete

Wednesday, July 18, 1973

Hydrocephalus: Cranial Wrap Provides Hope



An elastic bandage system to limit skull expansion in nine human infants with hydrocephalus (demonstrated above) has been used by Dr. Gerald M. Hochwald and Dr. Fred Epstein (below left to right), of New York University Medical Center.



Medical Tribune Report
New York—A nonsurgical method of arresting neonatal hydrocephalus—compressive cranial bandaging—has been developed at the New York University Medical Center.
As a result of observations in mature cats with induced hydrocephalus, Drs. Gerald M. Hochwald, Associate Professor of Neurology, and Fred Epstein, Assistant Professor of Neurosurgery, hypothesized

INSIDE THIS ISSUE

- Psychiatrists blast raids by Feds, see growing threat to confidentiality . . . pg. 3.
- New URI vaccine: Chicago team reports promising results against Type 1 strep infection . . . pg. 7.
- Cancer hazard: Investigators find new risk to men in chemical industry . . . pg. 10.

Complete index, pg. 2

Chronic Urticaria Tied to Inability To Tolerate Foods

Medical Tribune Report

New York—Chronic urticaria is not just a skin disease—it is the skin manifestation of a disease resulting from a wide range of intolerance to frequently consumed foods, according to Dr. I-Tsu Chao of Brooklyn, who detailed here a study of 43 patients with intractable urticaria that persisted for periods from one to 35 years.

The study made use of a long-term daily food and symptom diary of the patients, with records kept continuously until the hives were cleared up, prevented, or induced repeatedly at will, he said.

In addition to their urticaria, it was found that all the patients suffered multiple chronic symptoms in various combinations affecting systems other than the skin, Dr. Chao told the Section on Allergy

Continued on page 23

IMMATERIA MEDICA

(Wearing a pith helmet, carrying a compass, and equipped with a pocketful of sharp pencils, the editor of *Immateria Medica* ventured out of his protected burrow for an exploratory inspection tour of the American Medical Association's annual convention, billed as "Confluence '73." Here with his astonished report.)

confluence (kən'flu-ens) *n.* [L.L. *confluens*, a flowing together; the meeting or junction of two or more streams; also, the place of meeting.
New York stood at the confluence of two rivers. *Beardell.*
2. The stream or body formed by the junction of two or more streams; a combined flood.
3. Act of running, flowing, or coming together, or of meeting and crowding in a place; hence, a crowd. *Shak.*
You see this confusion, this great flood of things. *Byrd.*
4. A confluence of the written or spoken form of a word to that of a similar word; as, crowd, a crowd, formerly crowd. *Webster.*
5. A crowd; a group of two or more similar points.

—Webster II.

• The only actual confluence we encountered at the A.M.A. convention in the Coliseum was a paranoiac-producing one at a booth entitled "Neurotic Depressive Reaction . . . Effective Management Programs on a Community Basis" in the Section on Psychiatry. As we passed the booth we happened to discover its ex-

Continued on page 26

Medicare for Kidney Grafts: Cautious Approval Is Voiced

Medical Tribune Report

WASHINGTON—The Government's decision to let Medicare pay for hemodialysis or a kidney transplant, regardless of the patient's age, has met with cautious approval from leading experts.

A MEDICAL TRIBUNE spot check found authorities agreeing that the new interim regulations are a step forward in making treatment available to the chronic kidney patient. But some investigators wondered what will happen in the grist mill of regulations once the program gets under way.

"In terms of what they will do for the patient, the principle, the regulations are fine," declared Dr. Donald B. Oken, Associate Professor of Medicine at Harvard Medical School. "In terms of actual fine detail, we don't have all the information yet."

The changes, commented Dr. Samuel L. Kountz, Professor of Surgery and chairman of the department at the State University of New York, Downstate Medical Center, "represent a lot of thoughtful foresight by Social Security."

"My own prejudiced view is that the patient's best chance for a transplant—what I've called the 'golden moment' for transplantation—is before he goes on dialysis, if he has a living donor. I think dialysis makes it very difficult to transplant."

Dr. Eli A. Friedman, Professor of Medicine at the same institution, remarked that Social Security's "willingness to pay without delay will foster correct medical thinking free from the constraints of the dollar."

Designed as Guide to Benefits

The interim regulations, issued here by the Department of Health, Education, and Welfare, are designed as a guide to administering the chronic kidney disease benefits provided in the 1972 amendments to the Social Security Act, which President Nixon signed last October.

"These amendments mark the first time that Medicare has been utilized to pay the cost of health care for persons other than the elderly," commented Dr. Charles C. Edwards, Assistant Secretary for Health. Further, "kidney disease treatment is the first Medicare benefit to be based on a specific diagnosis."

Benefits will include coverage of the

Continued on page 18

How Many Will Possibly Benefit?

Transplant total
1953 to May 1, 1973 8072

1939 Total Transplant
In 1972

On Dialysis, estimated 7,496
Dec. 31, 1972

Data From National Kidney Foundation

THE HIGH COST OF EXCESSIVE ANXIETY

IN PSYCHOLOGIC SUFFERING

Excessive anxiety is generally recognized as a distressing emotional experience and is frequently present in some neurotic states. Excessive anxiety, untreated, can often become chronic, sometimes inhibiting effective action and self-realization. By relieving the patient's excessive, disabling anxiety, the physician can help the patient diminish his maladaptive behavior and confront his life problems more effectively.

IN DISTURBED PHYSICAL FUNCTION

Pronounced anxiety can affect virtually every body system according to the individual pattern of response. Thus, anxiety can lead to a variety of psychophysiologic sequelae such as tachycardia, muscular spasm, sweating, gastrointestinal disturbances and others.

In organic disorders, the patient's excessive anxiety may exacerbate organic symptoms and adversely affect the course and management of the condition; e.g., in angina pectoris, hypertension and duodenal ulcer. Atten-

tion to excessive anxiety and emotional tension thus becomes a vital part of effective total management of the patient.

IN DISRUPTED PRODUCTIVITY AND PERFORMANCE

While a reasonable amount of anxiety is a motivating, alerting force, the deleterious effects of disproportionate anxiety on performance in any activity calling for concentration and sustained effort are well known. Often, it is the disturbing effect of anxiety on work productivity that brings the patient to the physician. Mounting anxiety, unrelieved, may impair both mental and physical performance.

Modified Hamilton
Anxiety Rating Scale

Adapted from Lador, M.,
and Marks, I.: *Clinical
Anxiety*, New York,
Grune & Stratton, 1972,
pp. 99-101.

Markman, J. S., M.D.

Date	Name	Physician	Symptom	Absent	Very severe	Comments
			Anxious mood Worries Anticipation of the worst Irritability			
			Tension Feelings of tension Fatigability Inability to relax Startle response Easily moved to tears Trembling Feelings of restlessness			
			Apprehensions Darkness Solitude Animals Crowds Traffic			
			Intellectual Difficulty in concentration Impaired memory			
			Cardiovascular symptoms Tachycardia Palpitations Chest pain Throbbing of vessels Fainting feelings Arrhythmias			
			Gastrointestinal symptoms Difficulty in swallowing Wid Pain before and after meals Burning sensations Bloating Nausea Vomiting Vorbortrygel Diarrhea Constipation			

Before prescribing, please consult
complete product information, a summary
of which follows:

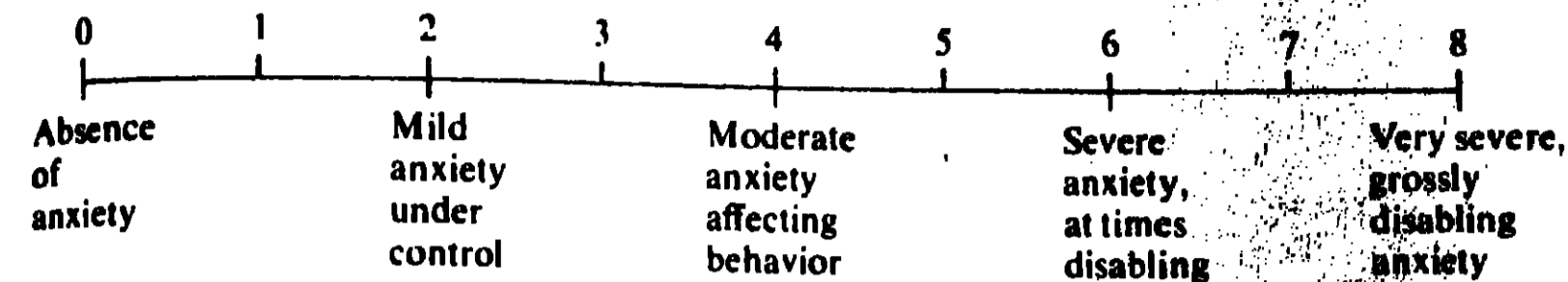
Indications: Relief of anxiety and
tension occurring alone or accompanying various
disease states.

Contraindications: Patients with known
hypersensitivity to the drug.

Warnings: Caution patients about pos-
sible combined effects with alcohol and other
CNS depressants. As with all CNS-acting
drugs, caution patients against hazardous
occupations requiring complete mental alert-
ness (e.g., operating machinery, driving).
Though physical and psychological depend-

ence have rarely been reported on recom-
mended doses, use caution in administering
to addiction-prone individuals or those who
might increase dosage; withdrawal symptoms
(including convulsions), following discontin-
uation of the drug and similar to those seen
with barbiturates, have been reported. Use
of any drug in pregnancy, lactation, or in
women of childbearing age requires that its
potential benefits be weighed against its
possible hazards.

Precautions: In the elderly and debili-
tated, and in children over six, limit to small-
est effective dosage (initially 10 mg or less
per day) to preclude ataxia or over-sedation,
increasing gradually as needed and tolerated.
Not recommended in children under six.
Though generally not recommended, if com-
bination therapy with other psychotropics
seems indicated, carefully consider individual
pharmacologic effects, particularly in use of
potentiating drugs such as MAO inhibitors



Typical linear scale for observer rating of anxiety




Librium (chlordiazepoxide HCl) is thoroughly established as a dependable agent for the prompt relief of excessive anxiety and emotional tension; usually it does not impair mental acuity or ability to perform, when used in proper dosage. (See Warnings in summary of product information.) Librium may be employed as an adjunct to nonpharmacologic measures—such as reassurance and counseling—when the latter are insufficient to achieve the desired therapeutic response.

In addition to its value as the primary medication in relieving emotional states characterized by disproportionate anxiety, appre-

hension or emotional tension, Librium (chlordiazepoxide HCl) is also given concomitantly in organic and functional disorders with certain specific medications of other classes of drugs, such as cardiac glycosides, diuretics and antihypertensives, when anxiety is clinically significant.

Recognized as among the safest of anti-anxiety agents, Librium rarely has to be discontinued because of adverse effects. (See summary of product information.) When clinically significant anxiety has been reduced to appropriate levels, Librium should be discontinued.

THE EFFECTIVENESS OF LIBRIUM (chlordiazepoxide HCl) CAN MAKE AN IMPORTANT THERAPEUTIC DIFFERENCE

		
Severe anxiety	Moderate to severe anxiety	Mild anxiety

FOR MODERATE TO SEVERE
CLINICALLY SIGNIFICANT ANXIETY

LIBRIUM®
(chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg capsules b.i.d./t.i.d./q.i.d.

and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients

receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

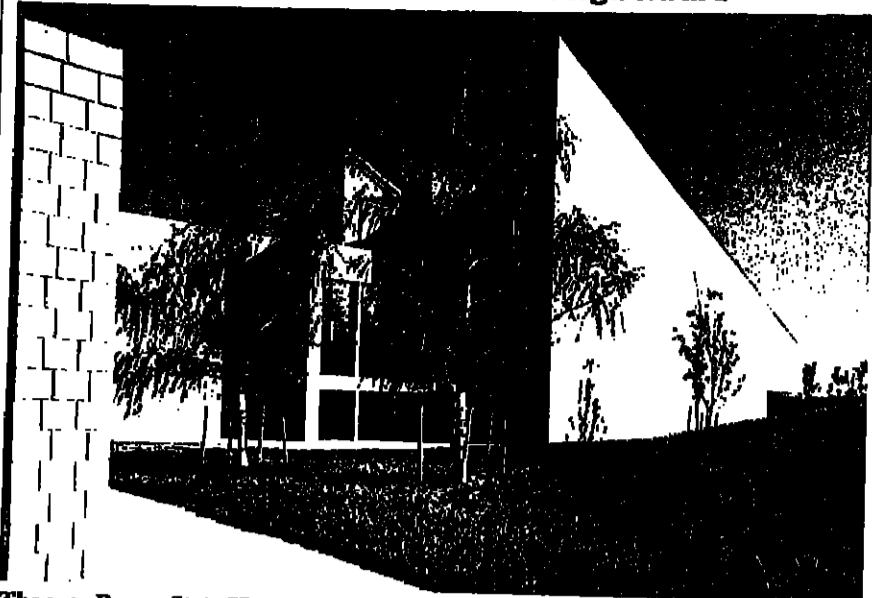
Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema,

minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Supplied: Librium® Capsules contain-
ing 5 mg, 10 mg or 25 mg chlordiazepoxide
HCl. Librium® Tablets containing 5 mg,
10 mg or 25 mg chlordiazepoxide.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110



The new Bronx State Hospital Rehabilitation Center, designed by Gruzen and Partners for the New York State Health and Mental Hygiene Facilities Improvement Corporation, is the winner of a 1973 Bard Award for excellence in architecture and urban design presented by the City Club of New York.

Most Potent Cause of Stroke Appears to Be Hypertension

Medical Tribune Report

BOSTON—As the population in the 18-year-old Framingham study grows older and more and more evidence is being acquired about stroke and its causes, hypertension is emerging as "the most potent single contributor" to the risk of brain infarction, the American Academy of Neurology was told here.

The finding emerged in an ongoing study to develop a profile of the stroke-

prone individual, reported Dr. Phillip A. Wolf, of Boston University, Boston U. and the National Heart and Lung Institute are collaborating in the study.

To date, Dr. Wolf said, 196 strokes have occurred in the Framingham study group. More than one-half were secondary to occlusive arterial disease.

He noted that, contrary to coronary heart disease, stroke affects men and women equally; in fact, of the 196 victims, exactly half were men and half women.

"Hypertension is the most potent single contributor to the risk of brain infarction," the Boston physician said. "The risk rises as blood pressure rises in both sexes and in all age groups."

Elevated serum cholesterol, cigarette smoking, diabetes, and ECG evidence of left-ventricular hypertrophy are also important parts of the stroke-prone profile, he stated.

"In both sexes, more than half the cases of atherothrombotic brain infarction fall into the 10 per cent of the population who are at risk because they exhibit these factors," Dr. Wolf said.

Infarct Easier to Classify

It is easier to correctly classify cases of cerebral infarction on the basis of risk factors than cases of coronary heart disease or intermittent claudication, he observed.

The risk of having a brain infarction can vary from one per 1,000 to 36 per 1,000, he said. In the absence of other abnormalities than high blood pressure, the risk is six per 1,000; when all the other risk factors are present, the probability is increased sixfold, according to Framingham study findings.

"The striking impact of the other risk factors may explain why high blood pressure is tolerated better by some individuals than by others," Dr. Wolf commented.

"Those in greatest jeopardy of stroke can be identified prior to the event," Dr. Wolf concluded. "Intervention is indicated, particularly vigorous and sustained control of hypertension."

Dr. Wolf's coauthors were Dr. Thomas R. Dawber, also of the Boston University School of Medicine, and Drs. William B. Kannel and Tania Gordon, of the National Heart and Lung Institute.

Tay-Sachs Found in 1/15 of Jews in Sample

Medical Tribune Report

CHICAGO—One out of 15 persons tested in a sample of Chicago's Jewish population has been identified as a carrier of Tay-Sachs disease, in the first year of a pilot screening program.

Dr. George F. Smith of Loyola University, who heads the genetics team conduct-

ing the study, said that this rate, among the 300 persons screened, is twice the national average among Jews.

"It is a small sample of the 300,000 Jews in Chicago," he commented, "and our first-year results probably reflect some bias—that is, those who have carriers of Tay-Sachs as relatives sought us out."

Roche Image examines the concepts and discoveries that will shape tomorrow's medicine

Allergoids promise to change allergy treatment

Johns Hopkins investigators compare allergen derivatives with aqueous extracts in test for hay fever treatment.

Sinuous search in the lung

Memory matrix of immune response

What makes turista run?

ROCHE
Image
OF MEDICINE AND RESEARCH



next week in
Medical Tribune

New Vaccine Promising for Upper Respiratory Infection

Medical Tribune Report

SAN FRANCISCO—An alum-precipitated cell surface M protein vaccine apparently gives protection against an upper respiratory type 1 streptococcal infection, a preliminary double-blind study has shown.

Eugene N. Fox, Ph.D., of Chicago reported here that only one of 19 volunteers who received the M protein vaccine became ill after being infected by a virulent strain of type 1 streptococci, while nine of 19 controls became ill.

He told the Society for Pediatric Research that the vaccine caused no local or systemic reactions and there was no evidence of any risk from the vaccine.

Large-scale field trials with infants and children will be the ultimate test, he added.

The tests were carried out on healthy males with no known heart, kidney, or allergic skin problems. They were given subcutaneous injections of the vaccine in three monthly doses. At the same time, another group of healthy males were given injections of placebo.

The two groups, along with six additional subjects who received neither vaccine nor placebo, were challenged 30 to 40 days after the last injection with a "reverse throat culture"—a swab containing virulent streptococci type 1 placed on the pharynx.

Rated by Symptom Severity

They were then assessed according to the severity of a variety of possible symptoms, including fever, white blood cell count, throat culture, pharyngitis, and lymphadenopathy.

The rating system showed that the placebo patients scored an average of 13.3 symptom points, compared with 4.7 points for the vaccine patients.

Patients who rated above 13 points had clinical illness. One patient who received the vaccine was ill, and nine of those who received the placebo were ill. Four of the six who received neither became ill. A positive throat culture, exudative pharyngitis or tonsillitis, and cervical adenopathy were the most significant symptoms, Dr. Fox noted.

The study suggested that the vaccine did "afford a considerable measure of protection against upper respiratory infection," he concluded.

Drs. Robert H. Waldman, Masako K. Witter, and Albert Dorfman collaborated with Dr. Fox. They are from La Rabida—University of Chicago Institute, the University of Chicago, and the University of Florida.

Renal Transplants May Increase Survival in Nephrotic Syndrome

From University of Minnesota

Survival in congenital nephrotic syndrome apparently is possible through renal transplantation, a University of Minnesota physician reported here.

Dr. John R. Hoyer said that transplantation proved successful in four children with the syndrome, which had caused symptoms within the first three months of life and was resistant to other modes of therapy.

He noted that congenital nephrotic syndrome, characterized by massive proteinuria, severe growth failure, malnutrition, increased susceptibility to infection, and progressive renal insufficiency, has been uniformly fatal.

The four patients who received the

transplants showed the typical clinical features within the first two months of life, Dr. Hoyer related. All resisted courses of corticosteroids and showed severe growth failure. They were supported until they were 15 pounds before being subjected to the surgery.

They were managed with intensive diuretic therapy for periods of up to two years, without side effects, and were also given specific antibiotic therapy for infections.

Even though the syndrome is autosomal recessive, there seemed to be no contraindication to using familial donors, so three of the four patients received kidneys from a parent, Dr. Hoyer said.

Two and a half to 14 months after transplantation, all appear well, have normal serum creatinine levels, and have not had recurrence of nephrotic syndrome or significant proteinuria, he reported.

All have improved in their growth. The

child followed for 14 months shows a growth of 4 inches.

The experience with congenital nephrotic syndrome, Dr. Hoyer remarked, differs from that with steroid-resistant idiopathic nephrotic syndrome, where three or four had recurrence of the nephrotic syndrome within the first few weeks after renal transplantation.

Drs. S. Michael Mauer, Richard L. Simmons, Alfred F. Michael, John S. Najjarin, and Robert L. Vernier were coauthors.

'Preemies' Decline; Liberal Abortion Credited

Medical Tribune Report

SAN FRANCISCO—Liberalization of the New York State abortion law has led to a sharp decline in the number of immature and premature infants delivered at the Kings County Hospital-Downstate Medical Center in Brooklyn.

Dr. Jonathan T. Lanman, of the Population Council, New York, told the American Pediatric Society here that immature births, which had been stable at about 18 infants weighing 500 to 1,000 Gm. per 1,000 deliveries, dropped to eight per 1,000.

The incidence of premature infants, 1,000 to 2,500 Gm., fell from 121 per 1,000 deliveries in the three years preceding the 1970 law change to 98 per 1,000.

The number of newborn infants left for placement declined from 15 per 1,000 deliveries to 6.6.

Dr. Lanman also reported that, in the year following liberalization, the incidence of abortion in Kings County and five affiliated Brooklyn hospitals rose 5,800 per cent, while the number of deliveries increased 8 per cent. At the same time,

the rate of spontaneous abortions dropped 21 per cent.

Dr. Lanman offered two possible explanations for the striking increase in abortions—one, that a large number of women came from outside Brooklyn for abortions or, two, that elective abortions in the hospital were replacing illegal abortions.

If the second is true, "I am surprised at the extent the figures imply," he commented.

Drs. Schuyler G. Kohl and James H. Bedell were coauthors.



Disorderly behavior... sudden changes in mood... impairment of orientation

Mellaril helps calm the agitated geriatric patient. It not only reduces agitation but also diminishes anxiety, excitement, and hypermotility. Of course, neurologic deficit cannot be repaired, but the patient with senile psychosis due to organic brain syndrome can frequently obtain meaningful symptomatic relief with Mellaril.

for the agitated geriatric with senile psychosis
Mellaril
[thioridazine]
TABLETS: 50 mg. thioridazine HCl, U.S.P.



Before prescribing or administering, see Sandoz literature for full product information. The following is a brief summary.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. During pregnancy, administer only when the potential benefits exceed the possible risks to mother and fetus.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures in epileptic patients. Antiepileptic medication should also be maintained. Prolonged retinopathy may be avoided by remaining within the recommended limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving), and increase dosage gradually. Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension since phenothiazines may induce a reversed epinephrine effect on occasion. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: Central Nervous System—Drowsiness, especially with large doses, early in treatment; incoordination, pseudoparkinsonism and other extrapyramidal symptoms, nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. Autonomic Nervous System—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. Endocrine System—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. Skin—Dermatitis and skin eruptions of the urticarial type, photosensitivity. Cardiovascular System—ECG changes (see Cardiovascular Effects below). Other—A single case described as parotid swelling.

The following reactions have occurred with phenothiazines and should be considered: Autonomic Reactions—Miosis, constipation, anorexia, paralytic ileus. Cutaneous Reactions—Erythema, exfoliative dermatitis, contact dermatitis. Blood Dyscrasias—Agranulocytosis, leukopenia, eosinophilia, thrombocytopenia, anemia, aplastic anemia, pancytopenia. Allergic Reactions—Fever, laryngeal edema, angioneurotic edema, asthma. Hepatotoxicity—Jaundice, biliary stasis. Cardiovascular Effects—Changes in terminal portion of electrocardiogram, including prolongation of Q-T interval, lowering and inversion of T-wave, and appearance of a wave tentatively identified as a bifid T or a U wave have been observed with phenothiazines, including Mellaril (thioridazine); these appear to be reversible and due to altered repolarization not myocardial damage. While there is no evidence of a causal relationship between these changes and significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients showing characteristic electrocardiographic changes while taking the drug. While proposed, periodic electrocardiograms are not regarded as predictive. Hypotension, rarely resulting in cardiac arrest. Extrapyramidal Symptoms—Akathisia, agitation, motor restlessness, dystonic reactions, trismus, torticollis, agitation, motor restlessness, tremor, muscular rigidity, and akinesia. Prolonged Tardive Dyskinesia—Persistent and sometimes irreversible tardive dyskinesia, characterized by rhythmic involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements) and sometimes of extremities may occur on long-term therapy or after discontinuation of therapy, the risk being greater in elderly patients on high-dose therapy, especially females; if symptoms appear, discontinue all antipsychotic agents. Syndrome may be masked if treatment is reinstituted, dosage is increased, or antipsychotic agent is switched. Fine vermicular movements of tongue may be an early sign, and syndrome may not develop if medication is stopped at that time. Endocrine Disturbances—Menstrual irregularities, altered libido, gynecomastia, lactation, weight gain, edema, false positive pregnancy tests. Urinary Disturbances—Retention, incontinence. Others—Hyperpyrexia; behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychoses, and toxic confusional states; following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctiva and/or accompanied by discoloration of exposed sclera and cornea; stellate or irregular opacities of anterior lens and cornea.

SANDOZ PHARMACEUTICALS, EAST HANOVER, NEW JERSEY 07930



SURGICAL NOTES

Implantable Hearing Aid

TORONTO—Experience with an implantable electromagnetic hearing aid in rhesus monkeys in cases of sensorineural loss has exceeded expectations, and it should be ready for clinical trial within a year, according to Dr. J. M. F. Fredrickson, Associate Professor of Otolaryngology at the University of Toronto.

It is of potential benefit to the large group of patients with a lesion in the neural structures of the inner ear who now depend on conventional hearing aids, he observed at the 64th annual meeting of the Society of Neurological Surgeons.

The surgery required, Dr. Fredrickson explained, is a simple mastoidectomy to provide access to the stapes. The incus is removed. A magnet is placed on the head of the stapes and is kept in position by a Teflon cup, which has an opening for the stapedius tendon.

A coil made of very thin thread is then suspended over the magnet and held by a bar fixed in a drilled-out cavity in the mastoid bone. The leads from the coil are connected to a Teflon plug screwed into the mastoid bone behind the ear, giving a cosmetic advantage. The plug contains the microphone, battery, and amplifier.

The research has included work with both acute and chronic cases, with three being studied for 14 months. Responses of the cochlear nerve, recorded with a round-window electrode, show a broad frequency range, Dr. Fredrickson said.

The implantable materials used are known to be inert, he noted. No damage to the inner ear was shown by histology on surface preparation from the temporal bones.

Coauthors were Drs. E. R. Davis and C. Lledgen.

Laser Removes Birth Mark

JERUSALEM—The argon laser has proved effective in a small number of cases in eliminating hemangiomas without leaving a scar or other distinctive marking. Dr. Harvey Lash, of the Palo Alto (Calif.) Medical Clinic, reported here at the third Asian Pacific Congress of Plastic Surgery. Associated with him was Dr. M. R. Maser, of the same clinic.

Dr. Lash said that all other methods have been disappointing. An occasional color and texture match have been achieved with excision and grafting, but most grafts simply trade a red patch for a white or brown one. Irradiation of the angiomas tends to create more problems than it solves, and the method has been abandoned. Carbon dioxide snow, electrocoagulation, abrasion with and without overgraft, and tattooing have rarely achieved the desired results, he said.

In the eight cases presented, the argon laser, which emits a green beam that is selectively absorbed by any object emitting red, either "blanched the port-wine stains or obliterated them entirely."

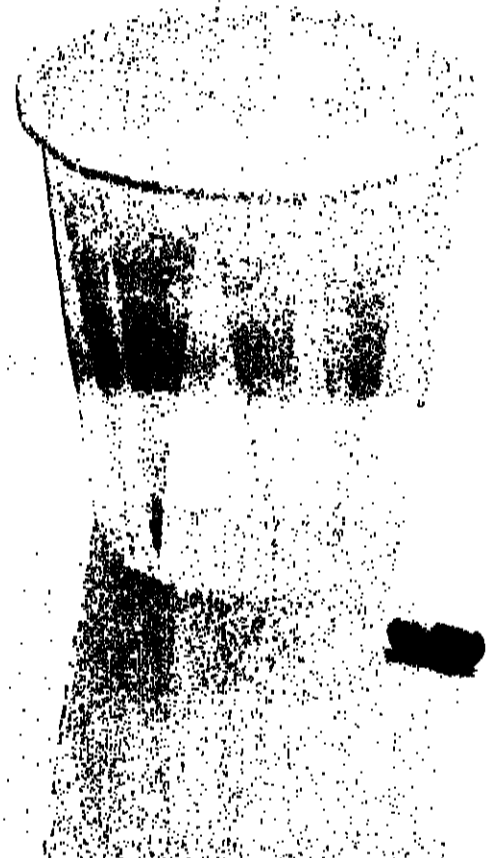
Regulating Blood Groups

STRASBOURG, FRANCE—The 17-nation Council of Europe is studying the possibilities of standardizing automated blood grouping in Europe, in collaboration with the World Health Organization and the League of Red Cross Societies.

The move has been prompted by the steady rise in the number of blood analyses in transfusion centers. Manual methods are generally used at present, but in the future will probably be replaced, at least in part, by automated equipment.

At their first meeting, the group of experts responsible for the study suggested that in order to achieve international standardization, which will facilitate exchanges between countries, all results of antibody quantitation should be expressed in international units. Countries that have not yet adapted their system to the international standard were asked to do so as soon as possible.

No panacea.
No placebo.
No antidote for
the pressures
of everyday living.



In three dosage strengths:

3.75 mg.

7.5 mg.

15 mg.

Dosage and Administration: Orally, in divided doses; usually daily dose is 30 mg. Dose should be adjusted gradually within range of 15 to 60 mg. daily. In elderly or debilitated patients, it is advisable to initiate therapy at a daily dose of 7.5 mg. to 15 mg.

DESCRIPTION: Chemically, TRANXENE (clorazepate dipotassium) is a benzodiazepine. The empirical formula is $C_{15}H_{10}ClN_2O_4$; the molecular weight is 408.93. The compound occurs as a fine, light yellow, practically odorless powder. It is insoluble in the common organic solvents, but very soluble in water. Aqueous solutions are unstable, clear, light yellow, and alkaline.

ACTIONS: Pharmacologically, TRANXENE (clorazepate dipotassium) has the characteristics of the benzodiazepines. It has depressant effects on the central nervous system. The primary metabolite, nordiazepam, reaches peak level in the blood stream at approximately 1 hour. The plasma half-life is about 1 day. The drug is metabolized in the liver and excreted primarily in the urine. (See ANIMAL AND CLINICAL PHARMACOLOGY section).

INDICATIONS: TRANXENE is indicated for the symptomatic relief of anxiety associated with anxiety neurosis, in other psychoneuroses in which anxiety symptoms are prominent features, and as an adjunct in disease states in which anxiety is manifested.

CONTRAINDICATIONS: TRANXENE (clorazepate dipotassium) is contraindicated in patients with a

known hypersensitivity to the drug, and in those with acute narrow angle glaucoma.

WARNINGS: TRANXENE is not recommended for use in depressive neuroses or in psychotic reactions.

Patients on TRANXENE should be cautioned against engaging in hazardous occupations requiring mental alertness, such as operating dangerous machinery including motor vehicles.

Since TRANXENE has a central nervous system depressant effect, patients should be advised against the simultaneous use of other CNS-depressant drugs, and cautioned that the effects of alcohol may be increased.

Because of the lack of sufficient clinical experience, TRANXENE (clorazepate dipotassium) is not recommended for use in patients less than 18 years of age.

Physical and Psychological Dependence: Withdrawal symptoms (similar in character to those noted with barbiturates and alcohol) have occurred following abrupt discontinuance of clorazepate. Symptoms of nervousness, insomnia, irritability, diarrhea, muscle aches and memory impairment have followed abrupt withdrawal after long-term use of high doses.

Caution should be observed in patients who are considered to have a psychological potential for drug dependence.

Evidence of drug dependence has been observed in dogs and rabbits which was characterized by convulsive seizures when the drug was abruptly withdrawn or the dose was reduced; the syndrome in dogs could be abolished by administration of clorazepate.

Usage in Pregnancy: Reproduction studies have been performed in rats and rabbits and there was no evidence of harm to the animal fetus. The relevance to the human is not known. Since there is no experience in pregnant women who have received this drug, safety in pregnancy has not been established.

It is assumed that TRANXENE or its metabolites is excreted in human milk. Therefore, this drug should not be given to nursing mothers.

PRECAUTIONS: In those patients in which a degree of depression accompanies the anxiety, suicidal tendencies may be present and protective measures may be required. The least amount of drug that is feasible should be available to the patient.

Patients on TRANXENE for prolonged periods should have blood counts and liver function tests periodically. The usual precautions in treating patients with impaired renal or hepatic function should also be observed.

In elderly or debilitated patients, the initial dose should be small, and increments should be made gradually, in accordance with the response of the patient, to preclude ataxia or excessive sedation.

ADVERSE REACTIONS: This side effect most frequently reported was drowsiness. Less commonly reported (in descending order of occurrence) were: dizziness, various gastrointestinal complaints, nervousness, blurred vision, dry mouth, headache, and mental confusion. Other side effects included insomnia, tran-

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But a drug to
help relieve crippling
anxieties



Tranxene has just one purpose: to offer effective control of symptoms for the patient with clinically manifested anxiety.

- the patient whose anxieties are excessive and "inappropriate" to the circumstances at hand
- the patient with persistent (and often inexplicable) feelings of dread
- the patient who reacts unreasonably to reasonable stresses, to the point of incapacitation
- the patient with a sense of impending death or catastrophe (often seen as a complication of organic illness, such as cardiac disease)
- the patient with the physical symptoms of acute anxiety: sweating, insomnia, extreme nervousness, palpitations

Effectiveness shown in double-blind studies

The clinical investigation of Tranxene took place over four years; treatment periods ranged from

three week to six months.

A total of 50 efficacy studies were conducted, under controlled, double-blind conditions. The overall results showed Tranxene to be highly effective in relieving the symptoms of anxiety.

Well tolerated by patients

Tranxene has an excellent record of patient acceptance. In the clinical studies, serious adverse reactions were not seen at the recommended doses. The side effects most commonly reported were drowsiness, light-headedness and gastrointestinal complaints.

Minimal cardiovascular effects

In the clinical studies, the only effect seen on blood pressure was the lowering of slightly elevated systolic blood pressure in some patients. There were no reports of bradycardia and, in the two studies where electrocardiographic effects were studied, no evidence of drug-induced alterations in ECGs.

Where anxiety symptoms must be controlled, Tranxene can be a valuable—and prudent—aid in management.



Molar Pregnancy

Actinomycin D Held To Prevent Disease After Evacuation

Medical Tribune Report

NEW YORK—Prophylactic use of actinomycin D before and after the evacuation of molar pregnancy eliminates metastatic trophoblastic disease (MTD) and substantially reduces the incidence of non-metastatic trophoblastic disease, according to a study reported here by Dr. Donald Peter Goldstein of Harvard Medical School.

During the past three years, 100 patients were given actinomycin D, 12 micrograms/Kg./day intravenously for five consecutive days beginning no more than three days before evacuation, he told the Section on Obstetrics and Gynecology of the 122nd annual convention of the American Medical Association. They were compared with 100 untreated controls. The latter, he said, included women who underwent evacuation at outside hospitals and were referred for follow-up evaluation, patients from his own institution found to have an unsuspected molar pregnancy at curettage, and patients who refused drug therapy.

Among the treated patients, Dr. Goldstein reported, proliferative trophoblastic sequelae occurred in two patients, in contrast to 16 in the untreated group. There were no cases of MTD in the treated group, while the disease developed in four patients in the untreated group.

Suction Curettage Preferred

The method of evacuation of choice in both groups was suction curettage, he reported, but in the untreated group other methods were also used. "The morbidity of suction curettage," he pointed out, "is negligible regardless of the size of the uterus." He added that when suction is available, hysterotomy should not be performed.

In the treated group, he reported, termination of molar pregnancy by abdominal hysterotomy was carried out only in women who no longer desired to preserve fertility. In the untreated group, three of six hysterectomies were performed because of sudden massive hemorrhage.

No serious toxic reactions were induced by actinomycin D, he reported. The changes noted in serum glutamic oxaloacetic transaminase levels and peripheral blood counts were transient and mild. Stomatitis and skin rashes were likewise mild. Gastrointestinal symptoms due to the drug were only bothersome, and these, he said, can be minimized or controlled in most instances by the use of an antiemetic. Alopecia was minimal and always reversible.

Dr. Goldstein emphasized that prophylactic chemotherapy of molar pregnancy "is a highly specialized technique" that is optimally performed by those experienced in the management of trophoblastic disease.

Physicians Asked to Refer Malignant Melanoma Cases

Medical Tribune Report

BETHESDA, MD.—Physicians have been asked to cooperate with the National Cancer Institute by referring patients with malignant melanoma for studies by NCI's Immunology, Surgery, and Medicine Branches at the Clinical Center here.

The project is designed to evaluate the effects of chemotherapy and immunotherapy in stage 3 disease (clinical evidence for systemic metastasis) and stage 2 disease (clinical evidence for regional draining lymph node metastasis).

Physicians interested in having their patients considered for admission to these studies should communicate with Dr. Richard I. Fisher or Dr. William D. Terry at the National Cancer Institute; Building 10, Room 4B17; Bethesda, Md., 20014. The telephone numbers are (301) 496-2455 and 496-5461.

Serpasil
(reserpine)
early effective control of
hypertension can save lives
CIBA

DOSEAGE:
For hypertension: In the aortic patient not receiving other antihypertensive agents, the usual initial dose is 0.5 mg daily for 1 to 2 weeks, then increase to 0.5 to 0.1 mg to 0.7 mg daily. Higher doses may be used carefully, but acute toxicity may be observed on other side effects may be observed if congestive heart failure is present.
Severe side effects have been reported with antihypertensive agents such as a thiazide and/or hydrochloride to bring about a marked decrease in blood pressure.

HOW SUPPLIED:
Tablets, 1 mg (white, round), bottles of 100 Tablets, 0.25 mg (white, round), bottles of 100, 500, 1000 and 5000.
Capsules, 1 mg (tan), bottles of 100, 500 and 1000.
Elixir (green, lemon-lime flavor), 0.2 mg per 5 mL (bottle), 100 mL (1 and 5 gallon) and complete literature leaflet.

CAUTIONS:

CIBA Pharmaceuticals Company
Division of CIBA-Geigy Corporation
Summit, New Jersey 07991

Dr. Bruce M. Camitta, of Children's Hospital Medical Center, Boston, whose work on bone marrow transplantation in children was described in MEDICAL TRIBUNE June 20, has pointed out that while it is true that a restoration of bone marrow function can be achieved in 50 per cent of aplastic anemia patients with histocompatible bone marrow transplants, only about one-third of the patients with the disease have suitable donors. In addition, histocompatibility studies should be performed on parents and siblings. If an identical twin donor is not available. While such studies are being carried out, corticosteroid, androgen, and sparing blood product support should be given. "If a suitable donor is identified, serious consideration should be given to immediate transplantation," Dr. Camitta told MEDICAL TRIBUNE.

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I enjoyed the discussion on freudian psychoanalysis. The article by Dr. Peter Barglow was excellent. The fate of psychoanalysis in the United States, and the serious misconceptions about it, within and outside the medical profession, is in the insistence that psychoanalysis is exclu-

BETADINE MICROBICIDES

Chosen by NASA for

When potential moon germs were a threat NASA had selected a broad-spectrum BETADINE microbicide for decontamination of the lunar capsules in Apollo 11/12/14 splashdowns.

Now NASA again selects a BETADINE microbicide for environmental protection of Skylab astronauts against infection. BETADINE Solution is circling the earth in orbit, to be used regularly for disinfection of certain equipment and for contingencies.



Apollo splashdowns!

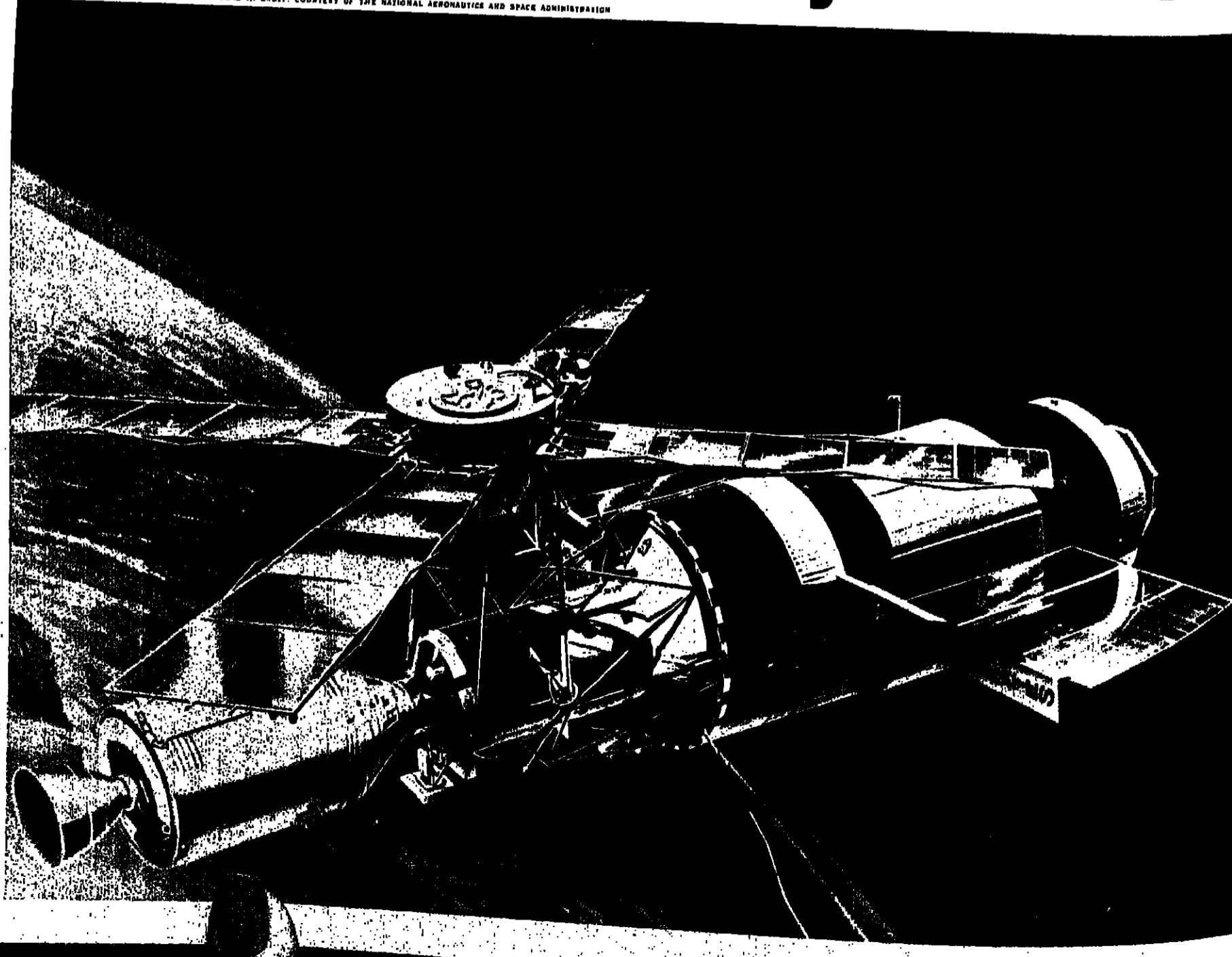
Sky-high microbicidal efficacy plus down-to-earth convenience distinguishes BETADINE antiseptics. They kill bacteria (gram-positive and gram-negative), fungi, viruses, protozoa and yeasts. Yet they are virtually nonstinging, nonirritating and do not stain skin, mucosa, or natural fabrics. And they are available in a variety of forms, designed and formulated for specific uses.

Purdue Frederick

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Chosen by NASA for Skylab mission!

ILLUSTRATION: ARTIST'S CONCEPT OF SKYLAB IN ORBIT. COURTESY OF THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION



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MEDICAL TRIBUNE

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An Unusual Dream

By DR. THOMAS P. MILLAR
Darien, Conn.

ONE OUGHT TO KNOW BETTER than to reveal his dreams, but even so, truth has its prerogatives.

I dreamed I was standing in a cavernous room with a vaulted ceiling and exotically paneled walls. A green mist swirled around a polished table. The fragrance of cinnamon filled the air, and somewhere a clock ticked ponderously.

A silver-bound book lay on the table, its pages open and shimmering in a mysterious light. I felt an urgent need to examine those pages. I hurried to the table.

Each page was filled with newspaper clippings: each clipping concerned American psychiatry; each was arranged in the order of its date.

But the dates were in the future!

1975

• A poll of psychiatrists declares Spiro Agnew psychologically unfit to be President.

• A poll of psychiatrists declares Teddy Kennedy psychologically unfit to be President.

• A study of previous Presidents reveals all to have been psychologically unfit to be President.

1977

• A poll of members of American Psychiatric Association reveals declining faith in the democratic process.

• Prominent psychoanalyst declares Women's Liberation movement a derivative of penis envy. Spokesman for Women's Liberation Council of America declares penis a vestigial organ.

• Independent survey reveals that 40 per cent of psychiatrists west of the Mississippi are named Menninger.

1979

• A poll of psychiatrists declares Norman Maller psychologically unfit to be President.

• Norman Muller declares American psychiatrists psychologically unfit to be dogcatchers. Spokesman for A.K.A. expresses agreement.

Family Therapy Is Called Successful in Treatment For Anorectic Children

Medical Tribune Report

SAN FRANCISCO—Family therapy has been successfully used in the treatment of anorexia nervosa, Dr. Salvador Minuchin, of the Child Guidance Clinic and Children's Hospital, Philadelphia, reported here.

He told the Society for Pediatric Research that in 16 cases where therapy has been completed, no patients are anorectic and 14 have achieved excellent results. One family dropped out and the patient recovered with individual therapy, and another patient still has home problems.

Earlier therapeutic approaches to anorexia nervosa, including behavior modification and psychodynamics, have been successful in only one-third of the cases, Dr. Minuchin said. Deaths have occurred with both approaches, and patients undergo long periods of hospitalization, he noted.

The disorder is related to families characterized by overprotectiveness, enmeshment, rigidity, and lack of conflict resolution, with the child commonly affected by parental conflicts, he said.

Twenty-one patients have been treated with family therapy, including five still undergoing treatment. Twenty have been female, with a mean age of 13.5 years. All have had severe illness, with weight losses of one-third or more. Hospitalization has averaged 17 days.

The successful results in anorexia suggest that family therapy might be of value in treating other psychosomatic diseases, Dr. Minuchin commented.

Room Chats"; the people to have 50 minutes a week.

• Beatification of Sigmund Freud proposed. Pope Richard I demurs.

• Psychoanalytic biography of Ralph Nader reveals mother secretly diluted infant formula with water!

1986

• President of the United States impeached for lacing "Consulting Room Chats" with subliminal suggestions for the legalization of pot and wiretapping.

• C.B.S. announces future Presidential addresses will be analyzed immediately prior to broadcast. "In this way we will be giving the President equal time."

• Ms. Glorious Steinblast, first woman to head the American Psychiatric Association, declares, "Womb envy is the true core of psychoneurosis."

The ticking of the clock had grown deafening. I had the sensation of falling. I flipped to the last page.

2000

• A poll of psychiatrists declares Caroline Kennedy psychologically unfit to be President.

• A poll of . . .

The mists faded, the thunderous ticking stopped. I paused a moment in that un-



DR. MILLAR

certain land between sleeping and waking. I knew that somehow everything had fallen into place, I had the secret of existence—if I could just remember it.

Well, that's the dream. Analyze it if you must. I feel I have discharged my obligation to truth. So say what you will.



Bobo's back at the big top

Without him it was the second greatest show on earth. A rheumatoid arthritic flare-up kept him in the wings. Weeks of pain, stiffness, swelling and tenderness.

Next time, consider the prompt anti-inflammatory action of Butazolidin alka when aspirin fails.

Your patients won't have to wait a month for results. Neither will you.

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions.

For full details please read the prescribing information. It's summarized on the back of this page.

Butazolidin alka

Each capsule contains:
100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
100 mg. magnesium trisilicate USP

If it doesn't work in a week, forget it.

Geigy

Cranial Wrap Offers Hope in Hydrocephalus

Continued from page 1

that the animals' fixed skulls caused transiently increased intracranial pressures of a gradient sufficient to push the cerebrospinal fluid out via alternate absorptive pathways. Once these pathways become stabilized, they remain functional and intracranial pressure returns to normal.

Bandage Used in 9 Infants

The investigators proceeded to use an elastic bandage system to limit skull expansion in nine human infants with hydrocephalus. The bandaging produced increased intracranial pressure, and this in turn induced C.S.F. absorption across alternate absorptive pathways.

In all nine neonates, an increased rate of head growth was immediately arrested, ventricular size was unchanged or only slightly increased, and the brain volume increased as its growth continued normally, the team reported. None of the children experienced ill effects from the increased intracranial pressure.

The treatment was continued in the hospital and at home until the infants were six months old and was then discontinued. All of the children are now eight to 12 months of age and show normal develop-



The ventriculograms of an infant who underwent the head wrapping show that at age four months (L) the ventricle is somewhat larger than at four weeks (R) but that cortical mantle size is adequate.

ment. Hydrocephalus symptoms have not returned.

According to the hospital, "although only nine children were treated with compressive head wrapping, present results indicate that this technique can be used successfully in carefully selected patients." The patients, said the report from the hos-

- should fulfill the following criteria:
- Progressive hydrocephalus in the presence of normal or only slightly increased pressure.
- A moderately dilated ventricular system with cortical mantle 1.5 cm. at the thinnest point.
- Good general medical condition.

Rule on Coverage For Renal Grafts Warily Approved

Continued from page 1

cost of dialysis in hospitals, in centers operated by hospitals, and in free-standing dialysis centers and the cost of equipment and supplies for home dialysis. They will also cover the costs of training both the patient and his dialysis partner for home dialysis.

Also covered will be the services necessary for kidney transplantation, including the cost of acquiring donor organs.

For dialysis there is a qualifying period that generally must be completed before such coverage can begin. The period starts with the month in which a course of dialysis begins and ends two full calendar months after the end of that month. Thus, if a patient began dialysis on August 10, he could begin receiving Medicare coverage on November 1.

For kidney transplantation, Medicare coverage begins with the month that a patient enters the hospital to prepare for receiving a transplant, providing that the transplantation is performed that month or the following month.

HEW Secretary Caspar W. Weinberger said that "coverage will end with the 12th month after the month in which the person has a renal transplant or such course of dialysis is terminated."

Reimbursement Frozen

The regulations freeze reimbursement during the interim period to a level representing an average of the charges during the previous year. While reimbursement for maintenance dialysis is set at \$150 per dialysis, this does not represent a fixed ceiling above which reimbursement will be automatically denied, it was noted.

All facilities must agree, said the Secretary, to the assignment method of reimbursement and accept the Medicare determination of "reasonable charges" as full reimbursement.

Two limitations on the reimbursement of physicians' services are provided. Supervisory services during dialysis treatment will be covered only if the charges for them are a component of the total cost or charge for dialysis; a separate fee will not be reimbursed. Reimbursement for routine monitoring of stable dialysis patients will be limited to one routine office visit a month and two extended visits a year. Reimbursements for added visits could be justified on a case-by-case basis.

Stress Fiscal Responsibility

The National Kidney Foundation's executive director, Edward J. Mitchell, welcomed the temporary regulations. "These guidelines," he said, "stress both quality and care for the individual patient and a method of fiscal responsibility for the total program."

Dr. Carl M. Kjellstrand, Associate Professor of Medicine and Surgery and director of the dialysis unit at the University of Minnesota Medical School, said: "I really think it is enlightened lawmaking."

"It's going to make life so much more comfortable for us who work in expensive, catastrophic type care."

"We who work in the kidney field have been put on the spot, so to speak. There have always been people suffering economic hardships from diseases, but I guess dialyzers and transplanters have been the only ones who have had to turn down people for purely economic factors."

Toxin Aids Tumor Immunity

Medical Tribune Report

PHILADELPHIA—Bacterial endotoxin appears to enhance the immunity of mice to lethal tumors, according to a Temple University investigator. Dr. Alois Nowotny, Professor of Immunology, reports that injection of microgram quantities of the endotoxin into the abdominal cavity increased the animals' natural ability to withstand later inoculation with TA3 ascites tumor.

Thai Study Finds Complement Role In Dengue Shock

Medical Tribune Report

ATLANTIC CITY, N.J.—Activation of complement and resultant intravascular coagulopathy appear to play a major role in producing hemorrhagic shock in the virulent form of dengue fever prevalent among children in Southeast Asia, according to California investigators who conducted immunologic studies in Thailand in 1971 and 1972 under World Health Organization auspices.

The work was done in four Bangkok hospitals by Drs. Frank Dixon, H. J. Müller-Eberhard, and Victor A. Bokisch, of the Scripps Clinic and Research Foundation, La Jolla, Calif., and summarized by Dr. Bokisch at the Association of American Physicians' annual meeting here.

The shock syndrome occurs in roughly 10 per cent of victims of the dengue virus hemorrhagic fever. The California team performed serum complement concentration and other tests on 133 young patients, grading them from stage 1 to stage 4 as to severity of illness. In stages 3 and 4 there was some form of hemorrhagic shock.

Looked for C-3 In Serum

Going on the theory that complexing of virus and antibody activated the complement chain of events, the three investigators looked for C-3 in serum by quantitative assay. They discovered, in general, that the more C-3 they found, the less ill the patient, and that in 46 patients in shock, C-3 was down to an average of 35 per cent of normal values.

When they looked for activation of coagulation factors in 52 of the patients, those with symptoms of shock showed lower levels of fibrinogen and low platelet counts and higher concentrations of fibrinogen split products in peripheral sera. This indicated some interaction of virus-antibody-complement complexes on coagulation factors, Dr. Bokisch theorized.

When rates of disappearance of C-3 were measured in 11 shock patients, it was found that 2.6 to 3.5 per cent of the plasma complement pool of this early factor was eliminated each hour, compared with 1.9 to 2.6 per cent of the C-3 eliminated in five patients not suffering shock.

Noting that Boston investigators have implicated complement activation in initiation of angioneurotic edema, Dr. Bokisch said: "Complement-dependent release of vasoactive amines and generation of platelet procoagulant activity are envisaged as the major pathogenic factors of the shock syndrome."

2 MDs, Bob Hope Receive A.M.A. Meeting Awards

Medical Tribune Report

NEW YORK—Awards to a hematologist, a medical records specialist, and a comedian marked the opening here of the 122nd annual convention of the American Medical Association.

Dr. William B. Castle, an Emeritus Professor at Harvard and discoverer of the intrinsic-extrinsic factors' role in normal blood formation, received the sixth Dr. Rodman E. Sheen and Thomas G. Sheen Award, with a \$10,000 prize attached.

Dr. Lawrence L. Weed, Professor of Medicine and Community Medicine at the University of Vermont and developer of the "problem-oriented" medical record, was the first recipient of the \$5,000 Brookdale Award in Medicine, established for physicians under age 50.

Bob Hope, comedian and fund-raising contributor of \$6,500,000 in cash and real estate to the Eisenhower Medical Center in Palm Springs, Calif., received the 12th A.M.A. Layman's Citation for Distinguished Service. At the ceremony, he expressed his sorrow for having missed the earlier-awards luncheon, "because I understand you had meat and everything."

Early Diagnosis Could Reduce Mortality From Venous Stroke

Medical Tribune Report

HATHORNE, MASS.—Clinicians should maintain a higher index of suspicion for cerebral venous thrombosis, especially in elderly patients, a leading pathologist has urged.

Cerebral venous thrombosis, which is often treatable and presents a different clinical picture from that of sudden arterial cerebral accidents, is frequently "overlooked" or "misdiagnosed," declared Dr. Abraham Towbin, of Danvers State Hospital here.

In a three-year study published in the current issue of *Stroke*, Dr. Towbin found that intracranial venous thrombi were present in 9.3 per cent of 182 autopsied patients.

In addition, another 10.5 per cent of the cases showed "intermediate, equivocal" forms of venous thrombosis, where the clot was not well established, but the cerebrum showed changes attributable to early infarction.

"Clinically," Dr. Towbin said in an interview, "this is the story of the old or near-old person who slips into lethargy

and then coma and just dies away quietly, so to speak—but pointedly with a period of coma, maybe paralysis, and loss of general neurologic function. It's a quiet kind of stroke."

Difficulty In Swallowing Seen

Besides lethargy, he said, difficulty in swallowing is also an early symptom. The temperature remains normal or near normal.

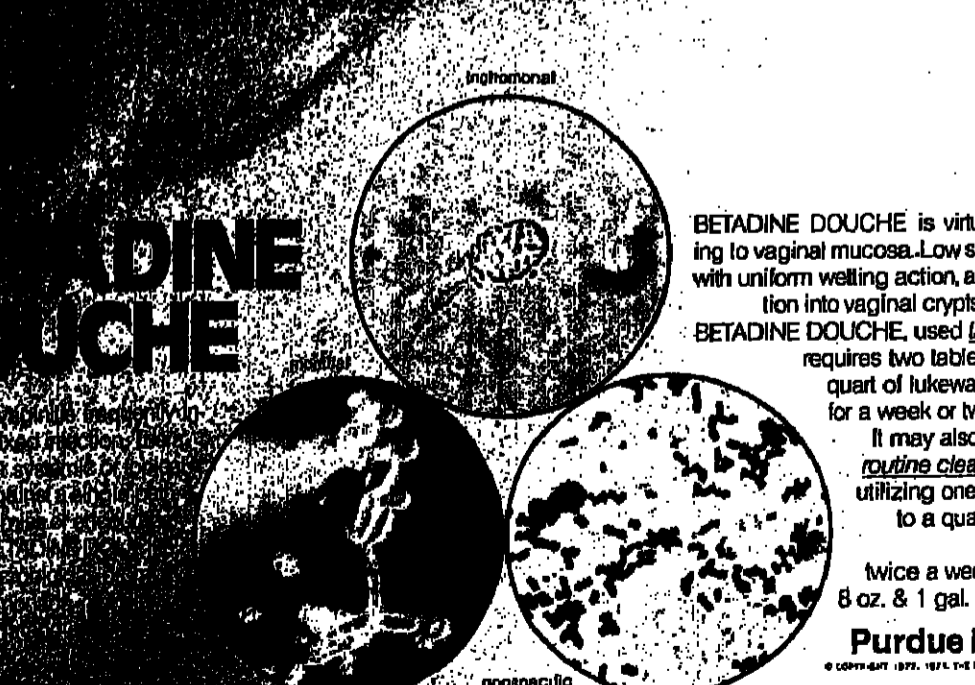
Dr. Towbin suggested that mortality from venous stroke could be reduced with earlier diagnosis and treatment, in selected cases, with anticoagulants or recently developed thrombolytic agents.

"It is imperative that the diagnosis be made early," he emphasized. "In older adults as well as in younger patients, if the condition is anticipated and recognized, the diagnosis may be confirmed promptly by radiographical and other available means."

"The condition need not be viewed as hopeless," he added. "There are well documented reports of survival, often with minimal sequelant disability."

A Microbicidal Douche

Clinically Effective in Treating Moniliasis
Trichomonas Vaginitis
Nonspecific Vaginitis



BETADINE DOUCHE is virtually nonirritating to vaginal mucosa. Low surface tension, with uniform wetting action, assists penetration into vaginal crypts and crevices. BETADINE DOUCHE, used therapeutically, requires two tablespoonfuls to a quart of lukewarm water daily for a week or two, as needed. It may also be used as a routine cleansing douche, utilizing one tablespoonful to a quart of lukewarm water once or twice a week. SUPPLIED: 8 oz. & 1 gal. plastic bottles.

Purdue Frederick

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Therapy of Infectious Vaginitis

20

If there's good reason to prescribe for psychic tension...



When, for example, reassurance and counseling
on repeated visits are not enough.

21

Effectiveness is a good reason to consider Valium® (diazepam)

After you've decided that the tense, anxious patient can benefit from antianxiety medication, the question remains: which one?

Valium is one to consider closely. One that can help to relieve the psychic tension and anxiety. One that can minimize the patient's overreaction to stress. One that is useful when somatic complaints accompany tension and anxiety. In short, one that can work and work well to help bring the patient's symptoms under control.

Effectiveness. One good reason to consider Valium.

And should you choose to prescribe Valium, you should also keep this information in mind. It is usually well tolerated; side effects most commonly reported have been drowsiness, fatigue and ataxia. Patients taking Valium should be cautioned against operating dangerous machinery or driving.

Please turn page for a summary
of product information.

Valium®
(diazepam)
2-mg, 5-mg, 10-mg tablets



Other good reasons to consider Valium® (diazepam)

Dependable response

The psychotherapeutic effect of Valium (diazepam), characterized by symptomatic relief of tension and anxiety, is generally reliable and predictable.

Prompt action

Significant improvement usually becomes apparent during the first few days of Valium therapy. Some patients may, however, require more time to establish a clear-cut response.

Titratable dosage

With Valium, small adjustments in dosage can significantly alter the clinical response. This titratability enables you to tailor your therapy for maximum efficiency. There are three convenient tablet strengths to choose from: 2 mg, 5 mg and 10 mg.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or

severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in

salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. **Adults:** Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially; increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.

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Wednesday, July 18, 1973

MEDICAL TRIBUNE

23

A.M.A. Delegates Debate Intern-Resident Seat

Continued from page 1

Conflict of town and gown already had structured the Council of Medical Education so that one of its members has to be "a private practitioner of medicine who is not a faculty member of a medical school nor a member of the staff of a hospital associated with a medical school of university."

Granted that the idea of intern-resident seats on the councils had been in the works for a year—indeed, as an early resolution from the delegate of the Interns and Residents Section who was first seated a year ago—some of the other delegates here appeared to be having misgivings about recent efforts to bring what has been hailed as the "vigor of youth" into A.M.A. deliberations.

Vote and Term Discussed

So the debate swirled around whether the intern-resident member of a council should have a vote, whether his term should be as long as others', and even whether the whole matter would not better be referred back to the trustees or somewhere that it could be stalled or lost to sight.

The argument was effectively ended when Dr. Eugene S. O'grad of Sacramento, Calif., the interns and residents' delegate, told his colleagues that he hoped they would "not regard it as blackmail" but that if they turned down council participation by young doctors the A.M.A. would "have great difficulty attracting house officers" to its ranks.

The delegates, well aware that the nation's 50,000 house officers already have their own fledgling organization under way, responded by posting the required two-thirds vote to change the A.M.A. bylaws and put house officers on both councils: Dr. O'grad, in turn, thanked them

and pledged to "actively recruit" interns and residents to the A.M.A., whose membership has dropped steadily since 1969. On a more medical matter, the delegates reluctantly backed off from the position on smallpox immunization that they adopted last November, which made it the physician's choice as to whether he would give such vaccinations.

This time they endorsed a policy essentially the same as advocated by the American Academy of Pediatrics and the U.S. Public Health Service. It finds the risk of smallpox in the U.S. "insufficient to justify the compulsory primary vaccination of infants and children" because the deaths attributable to complications of immunization are more numerous than deaths from smallpox in recent years.

On some other issues, the delegates:
• Approved a statement of concern over a possible opium shortage because of U.S. efforts to wipe out foreign poppy production. The statement displeased at least one delegate, however, because it failed to point out, as he said, that "heroin is Red China's main export."

• Watered down a spate of resolutions that accused the Food and Drug Administration of "dangerous and meddling

New York—Dr. Malcolm C. Todd was chosen here as the new president-elect of the American Medical Association. A surgeon in Long Beach, Calif., Dr. Todd, 60, is a former president of the California Medical Association. He will succeed Dr. Russell B. Roth of Erie, Pa., in the A.M.A. top office at next year's annual convention.

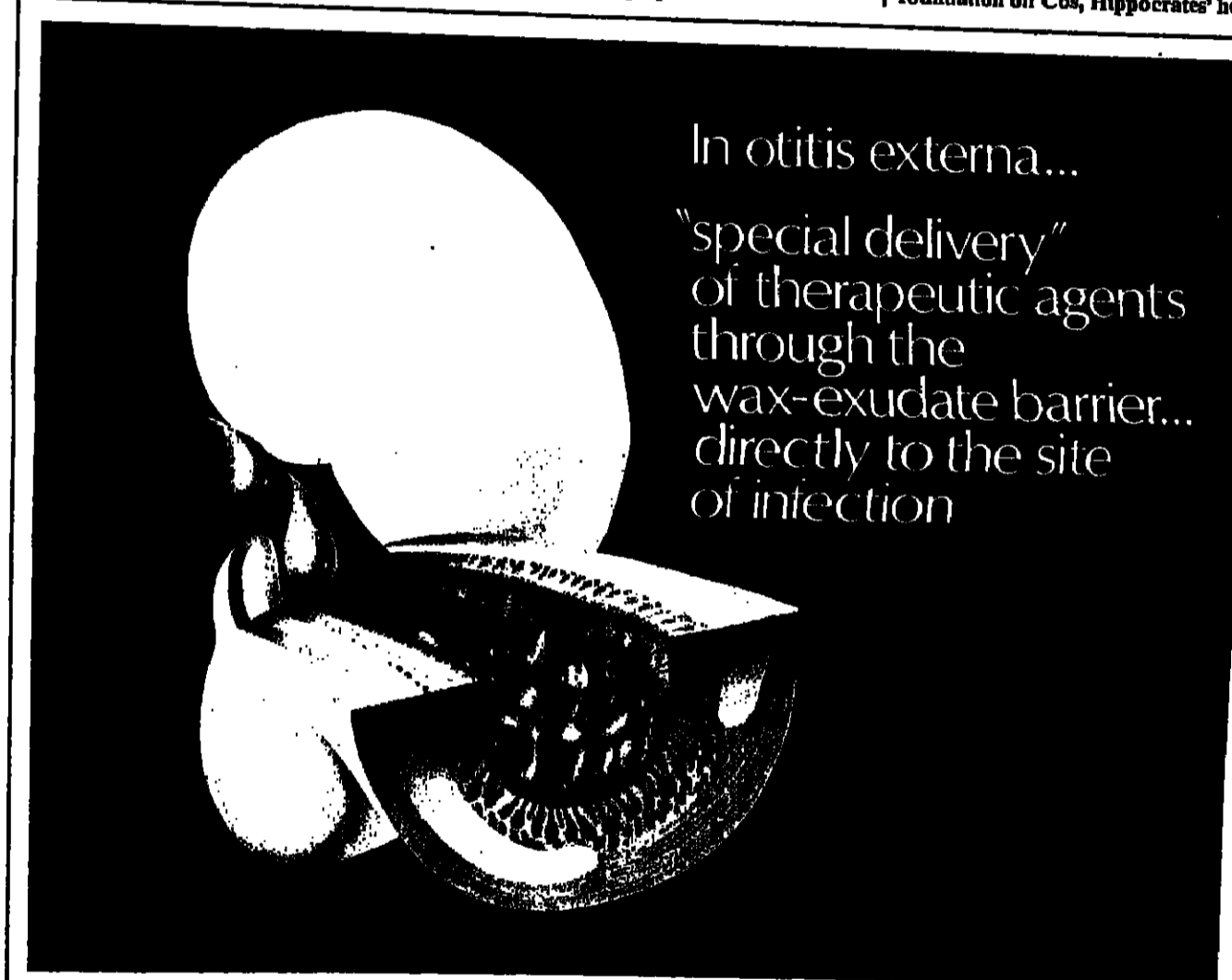
interference in the practice of medicine," in the words of the strongest measure. The weakened resolution reaffirms A.M.A. "protest" over FDA regulations that infringe on physicians' prerogatives, promises "study" of the situation, and pledges the A.M.A. to "continue to work closely" with FDA.

• Ducked a chance to support specifically the Equal Rights Amendment to the U.S. Constitution, choosing instead to "continue to advocate equal opportunities for men and women in all phases of medical professional endeavor and activities."
• Renewed their opposition to any state legislative moves that would authorize optometrists to diagnose or treat disease or injury, or use "drugs or medications in any form for any purpose."

Legacy of Hippocrates



A sapling from the Tree of Hippocrates is presented to Dr. J. F. A. Mehlmanus (J.), dean of the College of Medicine, Medical U. of South Carolina, by George Rowland, of the Schering Corporation. The pharmaceutical company purchases the saplings to aid the development of an international medical foundation on Cos, Hippocrates' home.



Otalgine Drops

(neomycin undecylate 0.067%; tyrothricin 0.1%; hydrocortisone alcohol 0.1%; ethylene oxide-polyoxypropylene glycol condensate 1.0% otic solution)

- ☐ Antibiotics to combat susceptible bacteria and fungi
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- ☐ Hydrocortisone to reduce inflammation and pruritus
- ☐ Surfactant-penetrant to deliver therapeutic agents directly to the infected area

Penetrating the barrier of wax and exudate, OTALGINE Drops bring antibiotics and steroid directly into contact with the infected tissue, with gratifying results against major otic pathogens, including *Pseudomonas aeruginosa*, *Aspergillus* and *Monilia*. In clinical trials, "Good" to "Excellent" results were reported in 87.8% of 886 cases of otitis externa with 1,149 affected ears.*

BRIEF SUMMARY: Indications: All indications are predicated upon infections due to organisms susceptible to neomycin or tyrothricin, or to the undecylate salt of neomycin. Otitis Externa (acute and chronic)—Fungal infections (such as *Monilia* and *Aspergillus*). Contraindications: Tuberculous and most viral lesions (herpes simplex, varicella, and varicella particularly); less common fungal infections (other than *Monilia* and *Aspergillus*); hypersensitivity to any of components. Precautions: Use with care in cases of perforated eardrum or longstanding otitis media because of possibility of ototoxicity. As with all antibiotics, prolonged use may result in overgrowth of non-susceptible organisms. If superinfection occurs, appropriate measures should be instituted. There are reports in medical literature indicating increased incidence of persons sensitive to neomycin. Side effects: Apparent allergic reactions with such symptoms as crusting, swelling, vesicular rash of the external canal or increase in discharge reported in 1.2% of patients treated; transient warmth or burning sensation on instillation, in 2.7%. Dosage: 2 to 5 drops, b.i.d. to q.i.d., or the wick method, with the wick moistened b.i.d. to q.i.d., until disease has cleared or become static. NOTE: Refrigerate until dispensed. After opening, keep at room temperature; unused contents should be discarded after 14 days. *BIBLIOGRAPHY AVAILABLE ON REQUEST.

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A high-contrast, black and white photograph of a hand holding a pressure gauge. The gauge is circular with a white face and black markings, showing a reading of approximately 100. The hand is wearing a dark, textured glove. The background is dark and grainy.

C I B A

Adolescent Arm Injuries Tied To Throwing in Little League

Medical Tribune Report

LAS VEGAS, Nev. — Osteochondritis dissecans of the capitulum in adolescent boys is the result of repetitive impingement of the radial head against the capitulum secondary to valgus stress, according to a review of 18 cases presented here by Dr. Robert Brown, of White Memorial Hospital, Los Angeles.

With one exception, the patients had participated in organized baseball for an average of three and a half years and subjected themselves to repeated periods of hard throwing. Dr. Brown told the recently organized American Orthopaedic Society for Sports Medicine. The exception was a young boy who practiced tennis two to three hours a day, five days a week, for a year and a half.

In all these cases, he said, there was tremendous valgus strain on the elbow with stretching of the medial collateral ligament and ultimately an impingement of the radial head against the capitulum.

"We feel that the constant impingement," he said, "is in part responsible for the ultimate breakdown of the surface of the capitulum and the irregularity and hypertrophy of the radial head. Whether this is secondary to, or the cause of, a

vascular insufficiency, we do not know."

The average age at onset of symptoms was 12½ years. The average interval from onset of symptoms to the first visit to a physician was one year, and to surgery (in 15 of the 17 baseball players), three years.

The study, Dr. Brown acknowledged, did not investigate the healing of these lesions if they are diagnosed early and the inciting activity is discontinued, although "our young tennis player was diagnosed early, the inciting activity was discontinued, and so far he is doing well."

Sees Need for Study

There is a definite need, he emphasized, for a study evaluating the results of early diagnosis, halting the incriminating activity, and nonsurgical treatment.

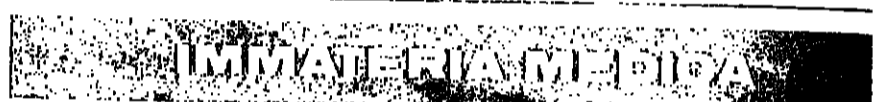
Only two of the 17 baseball players received a diagnosis of osteochondritis dissecans of the capitulum on their first visit to a physician, Dr. Brown noted, remarking that Little League statistics are apparently unable to identify this disorder.

"By the time the athlete has sought medical attention, he has graduated from Little League and his subsequent disposition is not brought to the attention of the statisticians in the Little League office. However, our series definitely pinpoints the onset of symptoms to be directly related to a period while participating actively in Little League competition."

Coauthors were Drs. Martin E. Blazina, Robert K. Kerlan, and Frank W. Jobe.



Of the 18 cases of osteochondritis dissecans of the capitulum in adolescent boys reported by Dr. Brown, 17 of them could be traced to periods of hard throwing while participating in Little League baseball. The injury is believed to result from repetitive impingement of the radial head against the capitulum secondary to valgus stress.



Continued from page 1

hibitor, Dr. Morton L. Kurland, reading MEDICAL TRIBUNE. We complimented him on his excellent judgment while he in turn read our badge, then handed us a copy of his paper (fair is fair) and asked us how we liked his continuous slide show.

Since not a slide was visible we nervously considered backing away from the booth, but he led us into it to demonstrate that the intrepid Coliseum brains had mounted his projector so that you could see the slides only if you flattened yourself against the booth's back wall. And to add confusion to injury, the A.M.A. had misspelled his name.

One booth grabbed our attention with a collection of beautiful butterflies imbedded in Lucite. Turned out to be the exhibit for Dulcolax: "suppositories . . . to replace the enema." What else could they embed in plastic?

The National Live Stock and Meat Board booth featured a very glossy rendering of Michelangelo's "David," complete with optional fig leaf. Couldn't figure that one out at all.

The Ivory Soap people told us they gave away 6,000 cakes of soap a day.

(En route to the Coliseum we passed a woman physician at 55th Street and Fifth Avenue. Good news: clutched to her handbag was a copy of MEDICAL TRIBUNE's guide to a New Yorker's New York. Bad news: she went into Gucci's, which wasn't even mentioned in the guide.)

Our favorite exhibit title was "The Apparently Absent Vagina." Curiously enough, it was presented by the United States Army Medical Department, obviously not the same old army we once knew and hated.

"Apparently?" exclaimed a passing physician to his companion.)

Our favorite exhibit motto was at the American Urological Association's film exhibit: "ars longa-vita brevis." How the proctologists let that one get away remains a mystery.

Most frequently overheard remark: "My feet are killing me."

While we were watching Dr. Samuel Rosen, on film, discussing acupuncture and demonstrating some of its needles at the Network for Continuing Medical Education exhibit, one of the people connected with the booth offered to run a film for us on Medical Records, with a Bob and Ray sequence. Alas, we lacked the time. Dr. Rosen was looking well.

Over all, there were too many computers and too few chairs.

The Medical Examination Publishing Company had an exhibit of books of tests in various specialties and was thronged with nervously browsing young persons.

At the Biomedical Trends booth a d-d tail man stopped a passer-by and said, "We're doing a survey on drugs, doctor. Could you spare us a few minutes of your time?"

"I'm a radiologist," said the passer-by, quickening his pace. "and I know absolutely nothing about drugs."

We could swear that one of the plastic models in the cardiopulmonary resuscitation demonstration groaned while it was being resuscitated.

Straws in the wind? The Section on Family and General Practice was heavily weighted with exhibits on alcoholism. Also narcotic poisoning, headache, and geriatrics. The American family?

Ortho's Department of Educational Services had a booth entitled "Sexuality in the Medical School Curriculum" and, when we were there, was showing a film called "The Frigid Wife" (kindly note the quotation marks) to an audience of about 14, including standees, which isn't bad for a small booth. Everything seemed to be working out well for the "frigid" wife when we were obliged to leave.

"Would you ask your husband to scratch your back?" the therapist was asking.

We got the uneasy feeling that a chap whose badge said "Crime Prevention Squad" was eying us suspiciously.

The exhibit for Debut, "the simplified ear-piercing kit," attracted many.

We passed a man seated outside Medical Plastics Laboratory's exhibit, making a drawing of a skeleton in the exhibit in his large sketchbook.

"Why the sketch?" we asked.

"I'm a free-lance," he answered, "and I'm sketching all over the convention. Then I'm going to try to sell them to medical publications. Who buys at your?"

We saw our first moon rock at the Squibb exhibit, and it was full of silver messages. ("Heard melodies are sweet, but those unheard are sweeter.")

In one of the Merck, Sharp & Dohme study carrels we saw three sprawled physicians, brazenly unplugged from the sound system. One had his shoes off and was wiggling his toes with great happiness.

There were no empty seats, and our feet were killing us, so we left.

Legislation Defining Death Is Scored by Medical Council

Medical Tribune Report

WASHINGTON—No statute or court decision can satisfactorily define the time or criteria of death or the now popular but vague concept of "death with dignity," the general counsel of the Wisconsin Medical Society told the American Medical Association's Fourth National Congress on Medical Ethics here.

"A profession is a social fact, not a legislative creation," said the attorney, Robert B. Murphy.

"Any primary dependence on legislation, with its characteristics of compromise and expediency, will ultimately weaken the very foundations of a profession. If legislation is enacted in these areas [to define death], how much more of medical practice is going to wind up in the form of

statutes or regulations having the force of law?"

Mr. Murphy specifically criticized the Kansas statute on anatomic gifts and the "death with dignity" concept that some legislators would incorporate in law.

A salient clause in the Uniform Anatomical Gift Act, adopted in most states four years ago, was that "the time of death shall be determined by the physician who attends the donor at his death or, if none, the physician who certifies the death." Mr. Murphy noted that neither the panel of experts who drafted the model act nor "many others, including at least some of the attorneys knowledgeable in medicolegal affairs," favored determination by legislation of the time or definition of death. The Kansas statute making such determination was passed nevertheless in 1970, Mr. Murphy said.

Other "Flaws" Cited

He cited what he called several other "serious flaws" in that statute:

"For one thing, it appears to validate the misconception that there are two possible but separate phenomena of death, one the absence of spontaneous respiratory and cardiac function and the other the absence of spontaneous brain function. Reduced to logical absurdity, does the statute mean that it is possible for the same person to die twice; and therefore at different times?"

"Second, as drafted, the . . . statute reads as if it had been set up in part to facilitate organ transplantation.

"Third, the statute appears to distinguish between 'legal' death and 'medical' death. From the viewpoint of both physician and the public, this adds a most regrettable complication to an already confused situation."

The "right to die with dignity" has been proposed by several students of death during the past year or two.

"To me this indicates an attitude bereft of ordinary good sense," Mr. Murphy commented. "Are the supporters of such legislation suggesting that any substantial elements of the medical profession or of the public favor death without dignity?"

MEDICAL MEETING SCHEDULE

Domestic Meetings

- July 22-27 . . . Southern Obstetric and Gynecologic, Asheville, N.C.
- July 26-Aug 3 . . . American Academy of Clinical Toxicology, San Diego, Calif.
- Aug. 2-4 . . . Rocky Mountain Radiological Society, Denver
- Aug. 2-5 . . . International Doctors in Alcoholism Anonymous, San Antonio, Tex.
- Aug. 9-11 . . . American College of Surgeons, Boston, Mass.
- Aug. 11-12 . . . Association of Philippine Practicing Physicians in America, Boston
- Aug. 12-16 . . . National Medical Association, New York
- Aug. 16-17 . . . Midwest Interprofessional Seminar on Disease Common to Animals and Man, Urbana, Ill.
- Aug. 17 . . . Middle West Foundation International, Chicago, Ill.
- Aug. 17-18 . . . Black Hills Seminar, Rapid City, S.D.
- Aug. 19-20 . . . American Academy of Medical Administrators, Chicago
- Aug. 19-21 . . . American Society for Pharmacology and Experimental Therapeutics, East Lansing, Mich.
- Aug. 20-21 . . . American Health Congress, Chicago
- Aug. 20-21 . . . American Physiological Society, Rochester, N.Y.
- Aug. 22-25 . . . West Virginia State Medical Association, White Sulphur Springs
- Aug. 31 . . . Wisconsin State Medical Society, Maroon

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